

Filing Fee \$90.00

(If amending ONLY Item SIXTH Filing Fee \$35.00)

**FOREIGN
LIMITED PARTNERSHIP**

STATE OF MAINE

**AMENDED APPLICATION FOR
AUTHORITY TO DO BUSINESS**

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Name of Limited Partnership in Jurisdiction of Organization)

Pursuant to [31 MRSA §495](#), the undersigned limited partnership executes and delivers the following Amended Application for Authority to do Business:

FIRST: The name of the limited partnership in its jurisdiction of organization has been changed to (If no change, so indicate.)

_____.

SECOND: If the real limited partnership name is not available, the **fictitious** name under which it proposes to apply for authority to do business in the State of Maine is (If not applicable, so indicate.)

_____.

☐ Form [MLPA-5](#) accompanies this application.

A **fictitious name** is a name adopted by a **foreign limited partnership** authorized to transact business in this State because its real name is unavailable pursuant to [31 MRSA §403-A](#).

THIRD: The nature of the business or purposes to be conducted or promoted in the State of Maine is (If no change, so indicate.) _____.

FOURTH: The name and business, residence or mailing address of each **new** general partner is (If no change, so indicate.)

Name

Address

☐ Names and addresses of additional new general partners are attached as Exhibit ____, and made a part hereof.

FIFTH: The name of each **withdrawing** general partner is (If no change, so indicate.)

☐ Names of additional withdrawing general partners are attached as Exhibit ____, and made a part hereof.

SIXTH: The **new** address of the registered or principal office, wherever located, is (If no change, so indicate.)

(physical location - street (not P.O. Box), city, state and zip code)

(mailing address if different from above)

AND/OR

If the business, residence or mailing address of any general partner has changed, the new address is (If no change, so indicate.)

Name	New Address
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

☐ Names and new addresses of general partners are attached hereto as Exhibit ____, and made a part hereof.

SEVENTH: Other amendments to the application, if any, are set forth in Exhibit ____ attached hereto and made a part hereof.

DATED _____

General Partner(s)*

<hr/>	<hr/>
(signature)	(type or print name)

For General Partner(s) which are Entities

Name of Entity _____

By _____
(authorized signature) (type or print name and capacity)

The limited partnership name as used in the State of Maine must contain one of the following: "Limited Partnership", "L.P." or "LP" (31 MRSA §403-A). If the addition of these words is the **only** difference from the limited partnership's real name in its jurisdiction of organization, no further action is required.

*Certificate **MUST** be signed by:

- (1) at least one **general partner OR**
- (2) any duly authorized person.

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under [17-A MRSA §453](#).

Please remit your payment made payable to the Maine Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**